

Level _____ Type _____ -
 Start Date _____ End Date _____
 Course # _____ Location _____



Idaho EMS Bureau COURSE COMPLETION RECORD

	Student Name	Didactic Requirements Fulfilled (yes/no)	Skills Requirements Fulfilled (yes/no)	Clinical Requirements Fulfilled (yes/no)	Internship Requirements Fulfilled (yes/no)
1					
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9/06

I verify that the information on this document is true and correct.

Course Coordinator Signature _____ Date _____

Medical Director Signature _____ Date _____